

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

Attorney Docket PHN01-001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below), of the subject matter which is claimed and for which a patent is sought on the invention entitled THERAPEUTIC METHOD AND DEVICE THEREFOR, the specification of which is attached hereto unless the following box is checked:

☐ Application was filed on _____
as Application No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal

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Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
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(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Robert F. Hightower, Reg. No. 36,163 .

Direct all telephone calls to Mr. Robert F. Hightower at telephone no. (480) 816-9607.

Address all correspondence to Gordon R. Wren, Phun From Phoenix !, Inc., , P.O. Box 25583, Tempe AZ 85285-5583.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE INVENTOR FIRST MIDDLE LAST			INVENTOR'S SIGNATURE	DATE (SPELL OUT MONTH)
Gordon R Wren				11-15-01
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POST OFFICE ADDRESS Same as above				